DOCUMENT RESUME

ED 082 833 PS 006 848

TITLE	Child and Family Resource Program: Guidelines for a Child Development-Oriented Family Resource System.
INSTITUTION	Office of Child Development (DHEW), Washington, D.C.
REPORT NO	DHEW-OCD-73-1051
PUB DATE	7 Feb 73
NOTE	31p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Child Development; *Community Programs; Community Resources; *Early Childhood; Evaluation; *Family Programs; *Federal Programs; *Interagency Cooperation; Intervention
IDENTIFIERS	*Child and Family Resource Program

ABSTRACT

The Child and Family Resource Program (CFRP) of the Office of Child Development (OCD) is described. CFRP is designed to provide family-oriented, comprehensive services to children from the prenatal period through age 8, according to their individual needs. The program description stresses the use of existing community resources in a linked program network. Prerequisites for consideration as a CFRP sponsor are described, including relevant information on funding and specific guidelines for developing CFRP proposals. Topics considered include contribution to the community, nonfederal funding, minimal and additional services, program policies and performance standards, assessment of individual needs, program components, staff roles, and training. In this context, agency coordination is discussed in detail, focusing on linking parent-child centers, day care services, social service agencies, health agencies, and schools. Other areas improtant for the development of the project design are family participation, budget, and information dissemination. Plans for evaluation of the project by OCD, and the 1973 timetable for submitting proposals for funding are included. A 4-page fact sheet is included with the document. It contains a summary of program information and names and addresses of national directors of 11 existing programs. (DP)

FILMED FROM BEST AVAILABLE COPY

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ED 082833

February 7, 1973

CHILD AND FAMILY RESOURCE PROGRAM:

Guidelines for a Child Development-Oriented Family Resource System

U.S. Department of Health, Education and Welfare

Office of Child Development

P.O. Box 1182

Washington, D.C. 20013

DHEW Publication No. (OCD) 73-1051

PS 006848

CONTENTS

	Page
GENERAL INFORMATION	1
I. INTRODUCTION	3
A. Background	
B. Key Features of the CFR Program	
C. Objectives	
II. DESCRIPTION OF THE CFRP	4
A. Linkages and Resources	
B. Comparison to Head Start	
III. PREREQUISITES FOR CONSIDERATION AS A CFRP SPONSOR	7
IV. PROPOSAL PLANNING AND PROJECT DESIGN	8
A. The CFRP's Contribution to the Community	8
B. Non-Federal Share	9
C. Minimal and Additional Services: General Requirements	9
D. Program Policies and Performance Standards	12
E. Assessment of Individual Needs	12
F. Program Components	12
G. Staff Roles	13
H. Training	13
I. Agency Coordination: Creating a Linked Program Network	14
J. Family Participation	17
K. Budget	19
L. Information Dissemination and Program Replication	20
V. EVALUATION	20
VI. TIMETABLE	21
APPENDIX A - LOCATIONS OF OCD REGIONAL OFFICES	
APPENDIX B - EXAMPLES OF POTENTIAL COMMUNITY RESOURCES	

THE CHILD AND FAMILY RESOURCE PROGRAM

GENERAL INFORMATION

In June, 1972, Dr. Edward Zigler, then Director of the Office of Child Development (OCD), announced the development of a new experimental project during FY 1973, the Center-with-Many-Programs, since renamed the Child and Family Resource Program (CFRP). This project was launched as part of the overall Head Start Improvement and Innovation effort. The primary purpose of Head Start is to serve as a national demonstration of comprehensive developmental services for children from low-income families. In addition to representing a model service delivery system itself, in the past Head Start has stimulated the development of several other innovative approaches to the delivery of child development services, including Parent and Child Centers (PCC), Health Start and Home Start. The Child and Family Resource Program represents the latest phase of this ongoing demonstration thrust and builds upon these earlier initiatives.

The Child and Family Resource Program (CFRP) is designed to provide Head Start-type developmental services to preschool children, and in addition broadens the program focus to the entire family. The CFRP will make available to parents and children in the family those services necessary to foster child growth and development. The CFRP will provide continuity in meeting developmental needs, concentrating resources to serve children from the prenatal period through preschool years. Recognizing the importance of bridging the developmental gap in the early school age period to insure that early gains do not fade, CFRP will also work closely with schools and other community institutions to plan appropriate follow-on strategies through age eight or third grade.

The CFRP approach will be to use a Head Start program (perhaps jointly with a Parent-Child Center) as the nucleus of a service delivery network, working closely with other community agencies, to make available the appropriate range of program activities. This approach recognizes that not all families have the same needs and that the needs may not all be met the same way. It builds upon the capabilities of existing services now being provided by other agencies and makes all relevant community resources available to families as part of an integrated and flexible program, that can evolve as family circumstances change. At the same time, the CFRP will help reduce the fragmentation and gaps in the delivery of services by these existing community programs and agencies.

This program strategy has also been influenced by recommendations of the 1970 White House Conference on Children, such as those relating to comprehensive resource centers for families, comprehensive maternity and infant care,

neighborhood human service centers and delivery strategies for health services based on developmental needs of children. The Child and Family Resource Program will therefore benefit from the pioneering efforts of many other agencies which have developed strategies for delivering unified services to children and families.

During FY 1973, OCD plans to develop one CFRP model project in each of the ten DHEW regions, and one project for the Indian and Migrant Program Division.

The CFRP experimental project is the responsibility of the Program Development and Innovation Division of the Office of Child Development (OCD) in cooperation with Project Head Start. Research and Evaluation support will be provided by the Research and Evaluation Division of OCD.

For further information concerning program design contact:

Mr. Ray Collins, Chief
Program Development and
Innovation Division
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013
(202) 755-7498

or

Dr. Ann O'Keefe
Project Director, Child and Family
Resource Program
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013
(202) 755-4523

For further information concerning evaluation design or research in related areas contact:

Dr. Esther Kresh, Acting Director
Research and Evaluation Division
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013
(202) 755-7750

For further information concerning the Head Start program or Parent Child Centers, contact your nearest Regional Office (see list of Office of Child Development Regional Offices contained in Appendix A), or:

Mr. James Robinson
Director, Project Head Start
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013
(202) 755-7782

or

Mr. Richard Johnson
Chief, Parent Child Centers
Office of Child Development
P.O. Box 1182
Washington, D.C. 20013
(202) 755-7700

I. INTRODUCTION

A. BACKGROUND

In recent years the Office of Child Development has launched several research and demonstration efforts which have produced significant findings related to the development of young children and their families. Among these are Parent and Child Centers, Health Start, and more recently, Home Start. Each of these programs, along with Head Start, uses a specific approach to the delivery of child development services. As yet, however, no attempt has been made to incorporate the positive aspects of each approach into a single program or linked program network which can provide continuity of comprehensive services to eligible children from the prenatal period through eight years of age.

It is well-recognized that each child is an individual whose pattern of growth and development may require different kinds of services and programs in different quantities and at different times. However, although programs may use different methods to deliver services (for example, some are center-based, some home-based, and some use combinations of both), the types and quantities of services offered within a program usually are not tailored to the specific needs of individual children. The net result of all this is that some children and families may receive few services, some may receive services they don't need, while others may receive an overall surplus of services.

This lack of tailoring or individualizing services to fit individual needs, together with the lack of flexibility to change the degree or kind of services to meet changing or emerging needs has become a matter of increasing concern in many quarters. In response to this need, the Office of Child Development has established the Child and Family Resource Program, to promote individualized child development services, flexibility and options within programs, and continuity of comprehensive services from before birth through age eight.

B. KEY FEATURES OF THE CFR PROGRAMS

As previously indicated, the purpose of each local CFRP will be to provide integrated delivery of comprehensive services to children and families on an individualized basis. It is expected that such systems can be replicated or adapted by other Head Start programs in the future. Successful features can also be implemented in whole or in part by other child development programs, or they can stimulate better linkages between existing child and family-centered community programs.

The Child and Family Resource Program will:

- serve eligible children from birth through 8 years of age and their parents.

- provide a comprehensive developmental program with a wide range of services based on individual assessment of need of each child and family

- develop a multi-disciplinary and flexible system for service delivery based on the premise that no single approach is universally suited to all low-income children

- focus on the family as the basic unit of the CFRP system in order to provide resources, assistance, guidance and support as needed

- promote continuity of comprehensive services available to children which are suitable to different needs at each level of development by the creation of a linked program network which incorporates Head Start, services similar to those demonstrated in other OCD projects (such as Parent and Child Centers and Home Start) and other community-based programs serving children and families (such as pre-natal and well-baby clinics and day care centers).

C. OBJECTIVES

Principal objectives of the CFRP are to:

1. Individualize and tailor programs and services to children and their families.

2. Link resources in the community so that families may choose from a variety of programs and services while relating primarily to a single resource center for all young children in the same family.

3. Provide continuity of resources available to parents, enabling each family to guide the development of its children from the pre-natal period through their early school years.

4. Enhance and build upon the strengths of the individual family, as a child rearing system, with distinct values, culture and aspirations. The CFRP will attempt to reinforce these strengths, treating each individual as a whole, and the family as a unit.

II. DESCRIPTION OF THE CFRP

A. LINKAGES AND RESOURCES

The Head Start Program will form the nucleus of the Child and Family Resource Program, perhaps in conjunction with a Parent Child Center. The expansion of formal linkages to existing community resources will provide services to low-income children and families in health, nutrition, mental health, education and social welfare. These linkages will go beyond the formal and informal resource and referral systems normally used by the Head Start program. This will extend the concept of coordination to create an integrated services network which focuses not

only on the individual children, but on the family as a unit. By reducing the fragmentation which characterizes many community programs delivering services to children at different age levels and only for specific areas of need, the CFRPs will become an effective system which ties together programs and services in a form which is more useable and appropriate to the needs of each specific family.

The CFRP will not be the first attempt at providing a full array of development services for low income families. For example, the CFRP will build upon the multi-disciplinary foundation of the Head Start child development concept, but will expand the scope of the project to include children before and after preschool age. The CFRP will hopefully demonstrate a new dimension in the integration of child development services. It will provide a system which will serve needs of children longitudinally throughout the major stages of early development and will provide appropriate related services to parents and other family members to foster the child's development.

The Head Start experimental Parent-Child Center program has contributed significantly to our knowledge of the benefits of a continuous developmental program through the child's first three years of life. The PCC, Head Start and Home Start programs each emphasize the role of the parents as the significant prime influence on the child's development. The CFRP builds upon these and other approaches to create a unified system. The CFRP also emphasizes program linkages with school and other agencies to follow children through their early school years. By assisting children and parents in making a smooth transition into school, supporting both home and school efforts to maximize the potential of each individual child, and providing resources for the continuation of developmental services to families, the CFRP will attempt to overcome the sometimes dramatic fade of developmental gains children may experience after they leave Head Start.

The CFRP system of service delivery is expected to expand as the project develops, increasing both the number of resources available and the number of eligible families enrolled. It will be important, however, to avoid stretching resources too thinly and either failing to meet the in-depth needs of a high quality program or raising expectations of program participants beyond what may be delivered effectively.

Each CFRP experimental project will develop its own unique program based on the community's projected needs, resources and characteristics. The required services which must be provided through the CFRP are described below. However, the nature and kind of indirect services, the specific linkages, and contracts or agreements developed with other programs, agencies and organizations will depend upon the local community needs, priorities and local project design. In each case, the design must be tailored to maximize usage of existing community resources. Where necessary, these resources must be adapted to serve the developmental needs of children and families. Where these resources are not available, it will be necessary to create new services to fill gaps.

PS 006848

Whatever the origin of resources, it is essential that the program be flexible enough to provide adjustments within the CFRP delivery system to meet the changing or emerging needs of enrolled families and children.

To summarize, the CFRP experimental project will make use of the experience of other related programs (such as neighborhood multi-service centers, maternal and child health programs and family service agencies), but it will build upon the existing Head Start program. It will develop an expanded system which integrates services similar to those demonstrated in other OCD programs (such as Parent-Child Center and Home Start) with services traditionally offered by Head Start. The CFRP will also attempt to coordinate with and utilize other community-based programs which provide needed services in health, education, mental health, day care and social services to families and children. Further, the CFR program is longitudinal in concept to provide continuity through the major stages of the child's early development.

B. COMPARISON TO HEAD START

The CFRP will be similar to Head Start in the following ways:

o the project will continue to serve families in the same target area who are eligible for Head Start;

o all Head Start policies, performance standards, regulations and requirements for all components must be adhered to by each CFRP in serving pre-school children of Head Start age;

o all preschool children normally enrolled in the Head Start program will continue to receive at least the same kind of services as in the past.

o parents of all children will continue participation and involvement in the program according to Head Start Policy.

The CFRP will be different from Head Start in the following ways:

1. The whole family will be enrolled instead of just the Head Start child. The focus will be placed on the family unit as a distinct child rearing system, so that the needs of individual children will be assessed in terms of the family as a whole.

2. The scope of services will be broadened. In addition to serving the preschool child, the CFRP will also act as a resource to parents for the developmental needs of both younger and older children in the family. Specialized supplemental services may also be added, which were not directly available through the program to Head Start children (e.g., prenatal medical services, pediatric screening and counseling, referrals for medical or dental treatment, etc.).

3. The system for the delivery of programs and services will be operated cooperatively with other community agencies. The project design for the CFRP will provide the opportunity to change the delivery system as necessary to make certain services more effective, to add new ones, and to include a variety of strategies and approaches required to provide continuity in meeting the developmental needs of children from the pre-natal period through the age of eight.

III. PREREQUISITES FOR CONSIDERATION AS A CFRP SPONSOR

Applicants for Child and Family Resource Programs must meet the following requirements:

1. Sponsors must be agencies funded by OCD as Head Start grantees or delegate agencies. Agencies nominated by OCD Regional Offices must have a demonstrated record of acceptable Head Start performance based on monitoring or other evaluation.

2. The Policy Council/Committee of the nominated Head Start agency must be fully informed of the purposes, objectives and requirements of the CFRP as described in this document.

3. A letter to the Regional Office signed by the Chairman of the Policy Council/Committee and by the Chairman of the Governing Board of the Grantee or Delegate Agency must state that the membership of the Council/Committee has considered and concurs with the Board's decision to make application for a CFRP grant. It should be further stated that the members of the Policy Council/Committee, or sub-committee appointed by the chairman, agree to participate in proposal planning and development as well as the project evaluation study described in Section V.

4. During the first year of the CFRP, there must be at least 80 families enrolled in the project. CFRP families must meet Head Start income eligibility requirements, i.e., at least 90% of the families must have incomes at or below the poverty guidelines. In addition to families already enrolled in Head Start (or PCC), each CFRP must make an active outreach effort to extend its comprehensive services to other income eligible families who may be referred by other child and family service agencies. Within 120 days after program operations begin, at least 25% of the enrolled families must be families new to Head Start, who have been referred by other agencies. This will help insure an exchange of benefits between the CFRP and other cooperating community service agencies.

In determining the number of families and children to be served by the applicant CFRP, factors to be considered include the average cost per child of the present Head Start program, the projected estimated costs of serving additional children and their families, and estimated funding and/or services which will be committed from sources outside of OCD. Within reasonable limits, additional families may be enrolled as available resources permit.

5. Determination of the actual funding level will be based on the characteristics of the local site (including the size of the program and its present dollar budget) and an assessment of the requirements and resources indicated by the project design. However, no single CFRP experimental grant will exceed $125,000 for its first year.

6. The CFRP may be located in either rural or urban areas. For maximum identification with the target area population and to facilitate coordination with major service agencies, it is suggested that the target area coincide with a neighborhood or section of a city. It is preferable that the target area also coincide, or fall within, the boundaries of a common service area defined by the local health, social services agencies and public school systems.

7. Interested Head Start grantees must submit a "Questionnaire/Prospectus" to the appropriate OCD Regional Office. (Forms may be obtained from the Regional Office.) Based on information submitted in the Questionnaire/Prospectus, Regional and National OCD offices will decide jointly which grantees will be further considered as candidates.

IV. PROPOSAL PLANNING AND PROJECT DESIGN

As noted earlier, and in the Budget section (page 19), no CFRP grant will exceed $125,000 for the first year - a year which will, in most cases, be a year for both planning and operations. It is anticipated that each Child and Family Resource Program funded in FY 1973 will be funded for a total of four years, contingent upon compliance with these Guidelines, compliance with evaluation requirements (see Section V), submission of a satisfactory annual "Request for Continuation of Funding," and the availability of funds.

In the planning and design of the local Child and Family Resource Program, planners must bear in mind the purpose and objectives outlined in Section I, the similarities and differences between the CFRP and the Head Start program on which it will be based as described in Section II, and the prerequisites for potential applicants contained in Section III. In this section, more specific guidance will be offered in the development of the proposal itself.

A. THE CFRP's CONTRIBUTION TO THE COMMUNITY

Although the goal of the total CFRP is to develop model systems which may be replicated or adapted in different kinds of communities to serve a variety of child/family populations, the major goal of each individual CFRP is to develop a system which becomes a model for its own community. The CFRP should develop a system which is workable, appropriate to local needs and specific characteristics, and which is successful in fulfilling the needs of children and families within a longitudinal framework. By developing coordination and integration between programs and services which are resources to families and children in that community, the CFRP will be making a major contribution not only to those it serves within the target area, but to the total community.

This does not mean that the CFRP system will duplicate any ongoing coordinating, planning or delivery mechanisms in the areas of health, education, child care or social services. Instead, the CRFP system will establish relationships with ongoing systems in order to supplement, complement or contribute specific services in the area of child/family development. Thus, the CFRP is expected to assist in the development of local community capability, expertise and commitment to carry out comprehensive service programs built around the needs of families and children, and to develop a model which may be replicated or adapted throughout the total community to serve all children and families. Each CFRP will be expected to work from its inception toward continuation of the model service system and integrated program network. This is to be accomplished through continued re-programming of regular Head Start funds, local and state government funding, private contributions and the assumption of costs and expenses by other agencies and organizations.

B. NON-FEDERAL SHARE

During the initial year of the CFRP supplemental funding, the requirement for local share will be waived for the CFRP. However, negotiated agreements for cost-sharing, supplemental funding from other than OCD sources, shared salaries and expenses for contributed staff, and major contributions of facilities and equipment should be estimated in the proposal and documented throughout the project's duration, as part of the overall evaluation. (See Section V.)

C. MINIMAL AND ADDITIONAL SERVICES: GENERAL REQUIREMENTS

As previously indicated it is to be the intention of the CFRP demonstration effort to make maximum use of every appropriate resource to families and children in carrying out a comprehensive program. The CFRP design therefore must not duplicate any specific programs or provide services which are already available and for which CFRP enrolled families are eligible. However, each CFRP must provide or include as available resources to all enrolled children and families, those services defined herein as <u>minimal</u>. Each CFRP may also provide those <u>additional</u> services defined as essential to meeting locally defined needs within the target area according to the availability of the necessary resources or funding and subject to mutual agreement between the governing board of the sponsoring agency and its Policy Council/Committee.

1. OCD Required Minimum Services

a. Comprehensive individual assessment of family and child needs based on consultation with the family, and including:

1) pediatric health evaluation, screening and diagnosis, dental examination, and assessment of nutritional needs

2) assessment of the social, educational and economic strengths, goals, aspirations, and resources within the family.

b. Preventive, treatment and rehabilitative services as required for the individually diagnosed medical, dental, nutritional and mental health needs of children up to 8 years of age.

c. Prenatal medical care and educational services (e.g. counseling on nutritional needs)

d. Developmental services for families and children including:

1) programs designed to assist parents to promote the total (emotional, cognitive, language and physical) development of infants and toddlers through 3 years of age.

2) pre-school comprehensive Head Start services for children from 3-5 years, including education, social services, parent involvement and health services (medical, dental, mental health and nutrition).

3) programs designed to ensure smooth transition for children from pre-school into the early elementary school grades.

4) group activities and family development programs for parents, to provide knowledge and information about community resources, child growth and development, nutrition, homemaking and consumer education, promoting improved intra-family relationships, managing child behavior, and/or other topics identified by parents themselves.

5) special development programs for children with learning disabilities, physical and emotional handicaps, speech or language disorders and/or other handicapping conditions requiring remediation (see OCD Notice on Head Start Services to Handicapped Children, which will soon be issued).

e. Family support services such as:

1) individual and group counseling, and advisory services for children and adults.

2) identifying to other agencies life support needs of children and parents including such items as housing, clothing, food, employment and other needs which must be met to guard health, safety and well-being of family members.

3) emergency services in times of family crises including care of children, transportation, shelter, food, fuel, household goods, clothing and other immediate needs on a temporary basis.

4) family planning assistance and counseling.

5) food assistance programs, such as food stamps, commodity foods, school feeding programs, etc.

2. Additional Services Based on Local Decisions

Examples of possible additional services that may be provided if program resources permit, include:

a. Full day child care (family or center) for children who require it.

b. After-school recreation/learning centers for children in early elementary school grades.

c. Family recreation programs and social events to promote the sharing of leisure time by adults and children.

d. Boy Scout, Girl Scout, and similar programs for school age children.

e. Workshops for adults and older children in the construction and/or renovation of simple equipment, toys and furniture for the home and/or classroom, large muscle toys and outdoor play equipment.

f. Tutoring for children needing help in reading and mathematics, or for adults who desire additional development in these skills, or access to adult basic education courses.

g. Lending library of children's toys, books, records, record players, tape recorders, games and small sports equipment.

h. Family room and library of resource materials, pamphlets and books of interest to parents.

i. Cooperatives for the purchase of food, toys, clothing, household blankets and linens, and/or other family needs.

j. Cooperatives for the sale of products such as skilled crafts, home baking and/or other items made or produced by participating families

D. PROGRAM POLICIES AND PERFORMANCE STANDARDS

1. All Head Start policies, as contained in the Head Start Manual of Policies and Instructions, and all OCD-Head Start Issuances and Notices* will apply to the CFR Program, except as set forth in these guidelines.

2. Performance Standards for all components as contained in OCD Issurance N-30-364-1, dated January 1973 must be met for all programs and services provided directly (that is, through CFRP funds) to preschool children and their families.

E. ASSESSMENT OF INDIVIDUAL NEEDS

The key element is to be the assessment of individual needs. Each project's success will depend on its capability to assess individual needs, and to determine with the parents which of the various options can be used to best advantage by each participating family and family member. The assembly of an assessment team, composed of competent and qualified professionals from the disciplines of health, early childhood education, family life education, mental health and social work will be of critical importance. How this team will be organized, and how it will function, must be a vital part of the project design and therefore must be fully described in the project proposal.

F. PROGRAM COMPONENTS

Each CFRP must have available the full range of services normally provided to Head Start children, plus whatever additional services are required for the broadened scope to younger and older children. Full compliance with the Head Start Performance Standards for each preschool component will be required throughout the project. The proposal must describe how compliance with performance standards will be met for each existing resource and service which is to be integrated into the CFRP system.

Component services to be provided by contract or agreement with other agencies, and those to be provided by program staff must be clearly indicated in the proposal. Regardless of the strategies decided upon by which the CFRP will provide full component coverage, the total package must be suitable to the particular needs of each locale, and must be satisfactory

*Special attention should be directed to OCD Notice N-30-334-1 on Program Options for Project Head Start, dated 8/21/72.

to the community. Local ethnic, cultural and language characteristics are important considerations which must be taken into account in individualizing the education, parent involvement, social services and health (medical, dental, mental health and nutrition) components of the CFRP.

G. STAFF ROLES

The staff of the present Head Start program will be expected to form the core of experienced and trained personnel to provide continuity during the expansion of that Head Start program into the full blown CFRP. Each CFRP must examine the needs for additional staff, or the assignment of additional responsibilities which will be required to carry out the objectives of the project. Opportunities for career development should also be reviewed and identified. It is strongly urged that one full-time position be designated for the primary function of identification, coordination and utilization of all available community resources.

Proposals must include a description of the staffing pattern, and provide information about the background, qualifications and competencies of personnel carrying major staff responsibilities in Administration, Education, Staff Training, Social Work, Health, Nutrition, Mental Health and the Parent Program. Staff roles, including assigned responsibilities for more than one component, should also be described, or copies of job descriptions should be provided. CFRP funds may be used as appropriate to pay for staff of other agencies if those staff activities directly support the experimental project.

H. TRAINING

The complexities involved in the development of the CFRP and the extreme importance of the inter-disciplinary approach to the entire project will require that a well planned training component be included in the project design. Special attention must be paid to this in the development of the proposal. A complete description of the training component, including a regularly scheduled in-service training program for staff, parents and volunteers must be part of the proposal package.

Training activities may include formal and informal staff meetings, workshops, retreats, demonstrations, work conferences, laboratory, clinical and field experiences, training in the use of media, cooperative enterprises with nearby projects, and regional and staff institutes.

It is strongly recommended that the responsibilities of the training coordinator be assigned to a staff member who can work closely with the Project Director. This will facilitate the involvement of the staff of all relevant community agencies in the planning of the training effort, and help ensure that every possible resource is tapped to obtain the

cooperation and assistance of professionals and consultants in a variety of fields. Every effort should be made to tie training of CFRP staff in with training opportunities that exist through other agencies.

The following kinds of persons might contribute to various aspects of training during the grant year: educators, pediatricians, psychologists and specialists in mental health, social workers, nutritionists, home economists, specialists in speech, hearing and language disabilities, family life educators, dentists, psychiatrists, public health nurses, experienced teachers of children with physical, mental and emotional handicaps. Local hospitals, community colleges, and institutions of higher learning should also be considered as potential resources for consultants and trainers.

I. AGENCY COORDINATION: CREATING A LINKED PROGRAM NETWORK

Each CFRP will incorporate into its system of service delivery the major resources necessary to provide continuity of program between age levels to fit individual needs, and continuity of comprehensive services to children and families. As stated in Section II, the specific linkages, contracts or agreements required by each CFRP will depend on local needs assessment and the availability and appropriateness of the resources available. Agency relationships which have already been developed by the Head Start program should facilitate the development of the CFRP system. In communities which have already established 4-C (Community Coordinated Child Care) Committees, the CFRP should seek 4-C assistance in making use of cooperative mechanisms which may already be in place, or in developing new and complementary linkages.

Proposals submitted must include letters from those agencies or organizations with which the CFRP has negotiated working agreements, contracts or arrangements. The letters should contain a substantive description of agreements to provide services, staff, reciprocal services, or to share funding or programs. The proposal should also include description of negotiations in progress (but not completed) with other agencies.

See Appendix B for a list of examples of organizations and agencies a CFRP may want to approach for assistance.

1. Parent-Child Centers

Where there is an OCD Parent-Child Center in the same community, it is expected that the CFRP and PCC will coordinate their operations and provide services which are complementary and reciprocal. For example, the PCC may provide all the services required by parents with children in the 0-3 age group. They might also combine training activities, exchange staff, conduct joint activities for families or share developmental programs for parents. The CFRP might become the provider or prime resource for the de-

livery of health services to all children and families, while the PCC assumes responsibility for the parent and social service components. The proposal must clearly describe the working agreements arrived at jointly, and concurred in by the respective policy councils/committees.

2. Day Care Services

In order to meet the assessed needs of individual children, day care resources may be a necessary part of the CFRP linked program network. Arrangements, agreements or contracts with local day care providers (including centers and family day care homes) and/or the local Social Services agency will depend on the kind and quantity of day care services available. In planning, the CFRP will also have to consider the general profile of enrolled families in the target area and project needs according to the number of AFDC families who may be eligible for day care provided through Title IV A of the Social Security Act, the number of over-income families (according to Head Start policy regarding income eligibility) who may also require day care services, and those families who, although eligible for Head Start, may not be eligible for day care under Title IV A.

Depending upon the local circumstances, the CFRP might seek a formal commitment from the local Social Services agency that a specified number of day care "slots" will be reserved for placement of children referred by the CFRP in day care homes or centers with which the agency has purchase of care agreements. As another possibility, the CFRP might work out an arrangement with the day care providers themselves to cooperate in taking referrals. If the CFRP plans to provide day care services directly using grant funds (see Section IV-C, Minimum and Additional Services) it might enter into a purchase of care agreement with the Social Services agency to be reimbursed for the children eligible for services under Title IV A. Reciprocal services from the CFRP such as making training available to day care workers and family day care mothers, or including day care families in family education programs, should also be considered.

3. Social Service Agencies

In addition to agreements described under 2 above, coordination with local social services agencies may be effected to provide services in family planning, social case work and group work with families, protective services and counseling in crisis situations, and to provide linkages with food assistance programs (such as food stamps and commodity foods). Such coordination might be accomplished through the assignment by the social services agency of appropriate staff to work directly with the CFRP assessment team or families for a specified period of time each week, or to be available for consultation on an as-needed basis. In some areas, cooperation might take the form of providing facilities for use by the social service agency (e.g. family planning and food stamp distribution) in working with their clients in the target area.

4. Health Service Agencies

Each CFRP will build upon its present system for the delivery of health services, including medical, dental, nutritional and mental health services, and develop additional mechanisms to provide for the expanded scope of the CFRP and delivery system. Special attention must be paid, however, to the specific focus on assessment of individual needs and the importance of integrating the assessment of total health requirements with social and educational needs as defined by and with each family. Consideration should be given, therefore, to the availability of direct medical consultation to the assessment team. CFRPs are encouraged to obtain, through arrangement or agreement with a major health service agency, the designation of appropriate staff to serve on a regular consultative basis. This would mean providing direct coordination and linkage between the CFRP assessment team and the community resources providing services to the families and children in each area of the health component.

A major resource for the health care of children in families eligible for medical assistance will be the local or state agency responsible for the administration of Title XIX of the Social Security Act as amended in 1967. Under the Medicaid Program, services are required for the "Early and Periodic Screening, Diagnosis and Treatment of Eligible Individuals Under Age 21," including effective outreach to create awareness and use of existing health care services. Each proposal must describe the strategy for the use of Medicaid (particularly the early and periodic screening, diagnosis and treatment services) which will be used by the CFRP and which has been developed through consultation with local and State Medicaid administrators and providers. Copies of letters of agreement, contracts entered into, and other documentation as appropriate must be attached. CFRP sponsors may obtain further assistance from the Program Regulation Guide (MSA-PRG-21, June 28, 1972, issued by the Social and Rehabilitation Service Division, DHEW, Washington, D. C. 20201), State agencies administering approved Medical Assistance Plans, or the OCD Regional Office.

5. Linkages for Educational Services

Each project will be required to develop or expand mechanisms for coordination with local education agencies, including individual public and private schools serving children in the target area, and school system sponsors of federally funded programs under the Elementary and Secondary Education Act and the Adult Education Act. School system personnel, such as psychologists, social workers, nutritionists, speech therapists, counselors, and specialists in various areas such as reading, adult education, or learning disabilities in children, are potential resources

for consultation and assistance to staff, children and families. Their services might be provided on a volunteer, as-needed basis, or through arrangement or contract with the school system.

In seeking resources for educational services to children and parents, CFRPs should also consider other public, private or voluntary organizations. Associations of parents of handicapped children, for example, might supply persons to work with CFRP families having handicapped children. Volunteer community reading councils, tutoring programs, Big Brothers or other organizations might offer assistance in working with older children on an individual basis. Students in high school child development or Education for Parenthood courses are also potential resources for help in meeting individual educational needs.

Homemakers Clubs, associations of home economists, community mental health organizations, associations of retired persons as well as community colleges and local universities, might also contribute to educational programs for parents.

Every effort should be made to coordinate the planning on an individualized basis for CFRP children who are entering school to insure that they receive consideration for programs such as Title I, Follow Through, and other programs with resources to meet their particular needs.

J. FAMILY PARTICIPATION

Since the family itself forms the keystone or basic unit of the CFRP delivery system, the success of the demonstration will depend in large part on the methods used to involve family members in all phases of the child development resource system. The project design must be planned with the role of the family, as a distinct and individual child rearing system, clearly understood and defined as each component of the CFR programs and services is set in place.

In addition to compliance with Head Start policies and performance standards for parent participation, each CFRP should seek to broaden and deepen the involvement not only of parents, but also of other significant persons in the child's life, such as grandparents, surrogate parents, and older brothers and sisters in the ongoing activities for children and families.

The following points should guide the development of the project design:

1. The CFRP acts as a resource to parents and families and does not usurp parental prerogatives to decide what is best for their children. That is, the individual family's decision must be the final determinant of the choice of programs and services in which the children and families will participate. It is essential therefore, that parents be presented

with several options and that program flexibility allow for the exercise of parental choice rather than provide a prescription of "what is best."

2. Support services must be offered to families in ways that guard the family's dignity, privacy and right to self-determination. Social Services should enable families to increase their skills in coping with family problems, and to make use of resources in a manner which fosters independence and self-confidence. Parents must see themselves as responsible guardians of their families' well-being, as actors, rather than those who are acted upon. Parents should also view the CFRP delivery system as one which ultimately depends on them if it is to benefit their children.

3. The longitudinal dimension of the CFRP concept provides significant opportunities for the involvement of parents over a longer period of time than is usually possible in the one year time span of most Head Start programs. The project design must provide therefore for dynamic growth in the development programs and services offered to parents and family members. Thus, as the needs of the children and families emerge and change, the CFRP services will develop and change accordingly.

4. An important characteristic of the CFRP is that individualizing programs for parents is just as important as individualizing programs for children. Further, the range of activities and services provided directly by the CFRP, or through available resources, must be broad enough to meet the needs of the newly enrolled family as well as those with longer experience with the program, to suit the interests of parents with large families as well as the expectant mother, and to include fathers and other male family members in ways significant to them as well as to their children.

5. Recent findings indicate that most Head Start parents experience positive feelings about themselves while their children participate in the program. However, there are also indications that those feelings often diminish during the period which follows the Head Start experience. Other findings indicate that some of the gains made by Head Start children may also tend to diminish over time. We can only speculate about the reason for these findings, but it may relate in part to the lack of continuity in family involvement as children move from preschool to school programs. The CFRP should explore and develop ways to reinforce parental efforts to assist their children through the transition into school.

The design of the CFR program should include the kinds of programs and services which support the efforts of parents to help their children cross the "bridge" into school. Continuation and follow-up of the children and families in regard to health, nutrition, social services and other special needs will avoid the often abrupt break which many families have experienced when their Head Start involvement comes to an end. Continued involvement in the CFRP beyond preschool will hopefully enable parents to maintain self-confident involvement in their children's education, reduce the possibility of lowered self-esteem, and the potential effect, if any, this may have on their children's achievement.

K. BUDGET

The budget for a CFR program should be submitted on OS-189 (Budget Form, Sections I, II, and III A-H), as part of the total proposal or application. As stated earlier in these Guidelines (Section III-5, and on page 8), funds for the Child and Family Resource Programs cannot exceed $125,000 per program. However, the grantee's existing level of funding for families participating in the CFRP will be at least maintained, so the CFRP grant, in effect, supplements the basic Head Start grant.

Since the objective is to expand the use of community resources, and not to duplicate them, CFRP funds may be used for program services only when there are no other resources available. However, in many cases it is recognized that CFRP funds may be necessary to supplement those resources, or to partially subsidize additional staff required to serve project families. For example, since it cannot be assumed that all CFRP families will meet the eligibility requirements for certain services (e.g. all families may not be eligible for Medicaid, or for other services provided to AFDC recipients), it may be necessary to provide these services from grant funds.

Priority for providing direct services (that is, paying for services directly) will go to the Head Start age children in the family.

During the early part of the project's first year, a portion of the funds must be allocated for planning and developing the local CFRP system, at least to the extent that some personnel (and possible consultants) will be engaged in these tasks.

Fees collected from above-income families who request and are provided direct services must be in accord with the fee schedule to be issued in the near future by OCD. Information and assistance relating to the development of this fee schedule will be provided to applicants at a later date.

Federal funds provided under this project may not be used for costs of construction, except for minor remodeling or alteration of existing structures.

The proposal should include tentative budget projections for the second year of the projects.

Projects will be expected to keep financial records to identify expenditures and remaining funds in the grant on a quarterly basis; other financial records will be required as part of the evaluation design.

As stated earlier (Section IV-B), no local in-kind contribution in the form of non-federal share is required for the experimental project. However, because of the nature of the CFRP and its emphasis on utilizing community resources, projects will in all probability secure considerable in-kind. Grantees must keep careful records on such contributions, in order to document the extent of services provided by community resources.

Where practical, Head Start grant funds should be used jointly with the CFRP experimental grant. This will permit the planning of the program as a whole, so that the additional monies may be applied flexibly throughout the program, thus assuring that all participants will have equal access to the benefits of increased services. When the recipient of the CFRP grant is a delegate agency, CFRP funds used by any other delegate agency of the same grantee may be used only for purposes specified in these guidelines.

L. INFORMATION DISSEMINATION AND PROGRAM REPLICATION

As indicated earlier (I-B, page 3), it is expected that CFRP systems will be replicable by or adaptable to other child development programs in the future. It is also expected that there will be a great deal of interest from other Head Start (and other child development) programs in learning about the CFRP and even visiting one to observe its operations. Therefore each CFRP must develop a feasible system for disseminating information about its program, and responding to requests for visits.

V. EVALUATION

Within six months after programs are funded, a report will be prepared by OCD Headquarters containing basic data on the CFRP families and services provided to them, and describing the process of installing the CFR programs.

OCD Headquarters has responsibility for planning, implementing and funding the CFRP evaluation. While local programs will not have to expend part of their program funds for evaluation, they will be required to keep necessary records for the evaluation. A detailed evaluation plan is under development. This plan will focus on documenting the process by which Head Start programs evolve into CFR programs.

All CFR programs will be required to cooperate with and participate in the evaluation. Therefore, each proposal must contain a statement of intent to cooperate with the evaluation and to keep and make available necessary records.

Although the OCD Evaluation staff is responsible for decisions pertaining to the evaluation design, CFR programs will be consulted concerning the evaluation and will have ample opportunity to make suggestions and comments as plans develop. Participation in a national experimental project makes special, and sometimes unforeseeable, demands on programs. However, every effort will be made at the national and regional levels to minimize the additional requirements caused by participation in an experimental project.

VI. TIMETABLE

The timetable for launching the CFRP experimental effort is as follows:

	Action	Date	Responsibility
1.	Guidelines completed and mailed out to Regional Offices	February 2, 1973	OCD Headquarters
2.	Call or write OCD Headquarters (Ann O'Keefe) to indicate the person in each Region to whom responsibilities have been assigned (202-755-4523)	As soon as possible	Each ARD or designee
3.	Call each Regional CFRP liaison person to discuss project	After 2 above is done	OCD Headquarters
4.	Identify possible project locations in each Region, making no commitments to any program	As soon as possible	Each ARD for his/her own Region
5.	Invite two-four candidates to submit "Questionnaire/Prospectus" for Head Start CFRP Applicants	As soon as possible	Regional Office
6.	Submit "Questionnaire/Prospectus" to OCD Headquarters for staff Analysis	Due in National Office by March 2	Regional Office
7.	Review prospectuses and call Regional Offices and/or nominees regarding problems or questions. Make necessary site visits.	March 2 - March 9	OCD Headquarters
8.	Select 2 candidates from each Region, based on actions in 7 above, and notify Regional Offices of selections	March 2 - March 9	OCD Headquarters

	Action	Date	Responsibility
9.	Notify the 2 candidates from each Region about Proposal Planning Meeting, and invite them	March 9	Regional Office
10.	Representatives of candidate agencies attend Proposal Planning Meeting to learn more about the CFRP, receive technical assistance, meet OCD Headquarters and Regional CFRP Staff, and further consider decision to be a candidate	March 15-16 (Denver)	OCD Headquarters and Regional Office Staff, and Staff from 2 candidate agencies per Region
11.	Select CFRP sites and invite to prepare proposals	March 21	OCD Headquarters, with advice from Regional Offices
12.	Develop proposals	March 21 - May 1	Applicant agencies
13.	Submit 4 copies of proposal (one with original signatures) to Regional Office, and 2 copies simultaneously to OCD Headquarters	Due in OCD Regional Office and Headquarters by final deadline of May 4	Each applicant agency
14.	Begin process to effectuate grants	May 7, or earlier, if possible	OCD Regional Offices
15.	Review proposals and indicate requirements for revision	May 7 - 16	Headquarters and Regional Office Staff and OCD Review Panel
16.	Inform applicant programs of acceptance pending revision based on panel's recommendations	May 18	OCD Headquarters and Regional Staff

	Action	Date	Responsibility
17.	Receive letters from applicants confirming acceptance and agreement to make required revisions	May 25	Local programs
18.	Fund programs	June 1 (Deadline)	OCD Regional Offices
19.	Attend CFRP Orientation Conference	During July	OCD Headquarters, Regional Offices, and local CFRP Staff
20.	Evaluate programs	Periodically	OCD Headquarters via Dr. Esther Kresh and an Evaluation Contract

In summary, each Regional Office will be responsible for nominating 2 to 4 potential CFRP candidates and obtaining their "Questionnaire/Prospectus." OCD Headquarters will then narrow the nominations to 2 candidates per Region, and staff from these candidates will join OCD Headquarters and Regional staff at a proposal planning meeting in mid-March, 1973. After the March meeting, OCD Headquarters, working closely with each Regional Office, will select the one candidate from each Region which will be asked to prepare a full proposal. Proposals will be reviewed by a panel composed of Headquarters and Regional staff, and consultants. Recommendations made by the Review Panel must be incorporated into the proposals before final approval will be given. Local CFR programs must be funded by the end of FY 73.

APPENDIX A

Locations of OCD Regional Offices

Region I
Mrs. Rheable M. Edwards
ARD/OCD/HEW
Room 2000, JFK Federal Bldg.
Boston, Mass. 02203
617-223-6450

Region II
Josue Diaz
ARD/OCD/HEW
Federal Bldg., 26 Federal Plaza
New York, New York 10007
212-264-2974

Region III
Fred Digby
ARD/OCD/HEW
Gateway Bldg., 3521 Market Street
Box 13716
Philadelphia, Penn. 19101
215-597-6776

Region IV
Mrs. Barbara Whitaker
ARD/OCD/HEW
Peachtree - 7th Bldg.
50 7th St., N. E. Rm. 359
Atlanta, Georgia 30323
404-526-3936

Region V
Phil Jarmack
ARD/OCD/HEW
300 S. Wacker Drive, 29th floor
Chicago, Illinois 60607
312-353-4698

Region VI
Thomas Sullivan
ARD/OCD/HEW
1507 Pacific - Rm. 910
Dallas, Texas 75201
214-749-2319

Region VII
Dr. Richard Burnett
Acting ARD/OCD/HEW
601 12th St., Federal Office Bldg.
Kansas City, Mo. 64106
816-374-5401

Region VIII
John Garcia
ARD/OCD/HEW
19th and Stout Sts.
Denver, Colorado 80202
303-837-3107

Region IX
Samuel Miller
ARD/OCD/HEW
50 Fulton St., Federal Office
Bldg. Rm. 111B
San Francisco, Calif. 94102
415-556-7408

Region X
J. B. Yutzy
ARD/OCD/HEW
1321 2nd Ave., Rm. 6032
Arcade Plaza Bldg.
Seattle, Wash. 98101
206-442-0482

Indian/Migrant Division
Dominic Mastrapasqua
Chief, Indian and Migrant
Programs Division
Department of HEW/OCD
P.O. Box 1182, Rm. 409B
Donohoe Building
Washington, D. C. 20013
202-755-7715

APPENDIX B

Examples of Potential Community Resources

1. Health Services: Local public health agency, Maternal and Child Health Clinics, hospitals, Visiting Nurse Associations, Well Baby Clinics, Health Maintenance Organizations, medical schools, etc.

2. Social Services: Local department of social services or public welfare, family service agency, child welfare agency, family counseling programs, etc.

3. Mental Health: Neighborhood mental health centers, mental health clinics, associations of psychiatrists, psychologists or psychiatric social workers, private mental health associations, etc.

4. Educational Services: Public School system or district, local public or private schools, adult education, vocational and/or basic education departments, community colleges, universities, high schools (particularly those with courses in early childhood education or Education for Parenthood), Parent-Teacher Associations, literacy councils, reading councils, volunteer tutoring programs, recreation departments. etc.

5. Services for Handicapped: Associations for retarded children, speech and hearing clinics, Easter Seal Programs, programs serving the blind, deaf, or crippled, Bureau of Education for the Handicapped funded programs, state crippled children's agencies, etc.

6. Day Care Services: Federal or privately funded day care centers, Community Coordinated Child Care (4-C) Councils/Committees, local day care associations, Day Care Division of Departments of Welfare, etc.

7. Human Services delivered through sponsorship of Federal or local government: CAA Neighborhood Services Centers, human resource departments and human relations programs, community services departments, employment and career counseling or training programs, manpower programs, Model Cities Programs, etc.

ED 082833

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD DEVELOPMENT

CHILD AND FAMILY RESOURCE PROGRAM
FACT SHEET

PURPOSE OF PROGRAM:

In the Spring of 1973, Project Head Start, within the Office of Child Development, began a new experimental project called the Child and Family Resource Program (CFRP). This project is designed to provide family-oriented comprehensive child development services to children from the prenatal period through age eight in accordance with assessed needs.

Each Child and Family Resource Program uses a Head Start program as a base to develop a community-wide system linking a variety of programs and services to children and their families. The purpose of the overall demonstration is to develop a number of models or approaches for integrating and coordinating programs that can be adapted by different communities to provide a continuity of services to children during the major stages of their early development.

Eleven CFR Programs, expected to serve approximately 900 families, began operating in June 1973. Each CFRP is initially enrolling 60 families with prior Head Start experience and an additional 20 low-income families referred by other community agencies.

BACKGROUND OF PROGRAM:

In recent years, OCD has created a number of demonstration programs that have used different approaches to provide child development services to young children and their families. Among these are Parent and Child Centers that serve families with infants and toddlers (0-3); Health Start, a program experimenting with new methods of bringing health care to preschool children; Home Start, a project that uses paraprofessional home visitors to help parents develop their parenting skills with their own children at home. Special services for handicapped children are also provided through Head Start Centers.

PS 006848

The CFR Program will incorporate the most successful aspects of each of these OCD projects in addition to offering the traditional Head Start program. CFRP will also build upon the experience of other research and service projects and will link families to services offered by other community agencies, such as maternal and child health clinics, day care programs, mental health agencies, university services, family counseling services, and local schools. Formal agreements will be established with various agencies to exchange programs and services for the mutual benefit of children and families served.

OBJECTIVES: Nationally, the CFR Program has four major objectives: (1) to tailor services to meet the needs of different children and families, (2) to coordinate community programs so that families will have access to a variety of programs while relating to a single resource program for all their young children, (3) to make available a continuity of services that will help parents guide the development of their children from the prenatal period through the early school years, and (4) to enhance the strength of the family as the most important influence in a child's life.

SERVICES: A key element of the CFR Program will be the assessment of the special needs of each child and his family. A team, composed of such professionals as physicians, psychologists, educators and social workers, will work with parents to determine the amount and kind of assistance that they need and want.

CFR Programs are required to provide or make available the following programs and services: developmental programs for children of different ages; prenatal care; pediatric screening and health care for children 0-8 years; programs to ensure smooth transition from preschool to the early school grades; and supportive assistance for families, such as counseling and emergency help during a family crisis.

If resources permit, CFRP's may also provide full day care, tutoring, family recreation programs, cooperatives for the purchase of food, or any other service that meets a particular need in the community.

The CFRP will work closely with schools and other community institutions to help ensure a smooth transition between the preschool and school years. CFRP will help parents maintain self-confident and effective involvement in the development and education of their children over a long period of time.

The Child and Family Resource Program will supplement rather than duplicate existing local programs and service delivery systems. Each CFRP will develop a different system that will incorporate new approaches for providing child-oriented family services that (1) are uniquely suited to the ethnic and cultural characteristics of the surrounding community, (2) meet what families and children consider to be their most important needs, and (3) fill "gaps" in resources to meet those needs.

LOCATION OF PROGRAMS: There is one CFR Program in each of HEW's ten regions and one administered by OCD's Indian and Migrant Programs Division. The programs are located in New Haven, Connecticut; Poughkeepsie, New York; Pottsville, Pennsylvania; St. Petersburg, Florida; Jackson, Michigan; Oklahoma City, Oklahoma; Gering, Nebraska; Bismarck, North Dakota; Las Vegas, Nevada; Salem, Oregon; and Modesto, California.

FUNDING AND REPLICATION: Funding for the first year of the CFRP is $125,000 for each of the 11 grantees. It is anticipated that the initial effort will continue for four years. It is also anticipated that these model programs will be adapted for use by local Head Start programs and other state and local agencies in many different communities.

FOR MORE INFORMATION: The National Director of the Child and Family Resource Program is Dr. (Ruth) Ann O'Keefe. She can be reached at the Office of Child Development, P.O. Box 1182, Washington, D.C. 20013, phone: (202) 755-4523.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
P.O. BOX 1182
WASHINGTON, D.C. 20013

OFFICE OF CHILD
DEVELOPMENT
(202) 755-4523

OCD CHILD AND FAMILY RESOURCE PROGRAMS - FISCAL YEAR 1973

CHILD AND FAMILY RESOURCE PROGRAM CONTACT PEOPLE

Region

I Ms. JoAnne Basile
Community Progress, Inc.
270 Orange Street
New Haven, Conn. 06511
(203) 787-6571

II Ms. Valerie Farnsworth
Project Head Start
162 Union Street
Poughkeepsie, New York 12601
(914) 452-7726

III Ms. Geraldine Holahan
C/O Necho Allen
Schuylkill County Child Dev. Prog.
Pottsville, Pa. 17901
(717) 622-4411

IV Mr. William Fillmore, Jr.
12351 134 Ave North
Largo, Florida 33540
(813) 584-7116

V Ms. Sally Schwyn
Jackson-Hillsdale Area
Commission on Economic
Opportunity
401 S. Mechanic Street
P.O. Drawer 1107
Jackson, Michigan 49204
(517) 784-6155

VI Mr. Lyle R. Jones
Community Action Program of
Oklahoma City and County, Inc.
331 West Main - 5th Floor
Oklahoma City, Oklahoma 73102
(405) 272-9311

VII Mrs. Joan Cromer
Nebraska Panhandle CAA
1840 - 7th
P.O. Box 340
Gering, Nebraska 69341
(308) 436-5076

VIII Ms. Dorothy Wayrin
Bismarck Public School
District #1
400 Avenue E
Bismarck, North Dakota 58501
(701) 255-3866

IX Ms. Willa Bywaters, Proj. Supv.
Economic Opportunity Board of
Clark County
900 West Owens Avenue
Las Vegas, Nevada 89106
(702) 648-3280

X Ms. Judy Cooper
Mid-Willamette Valley
Community Action Agency, Inc.
Oregon Building
Salem, Oregon 97301
(503) 581-1152

IMPD Mr. Lee M. Brooks
Stanislaus County Department
of Education
801 County Center III Court
Modesto, California 95355
(209) 526-6602